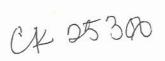
STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

			NOTIFICATI		BESTOS AB	ATEMENT	Che	och k	5	26	19
			(PURSUAN		The second secon	THE RESERVE OF THE PERSON NAMED IN	Cres	476		20	1
Date of Notification (Name of B		lean.	1 3	E (2)			
$\left \frac{01}{} \right \frac{18}{}$	<u>16</u>			First Energy Street Add						The Street of the Street	
Agencies Notified	Type of No	tification	76 South S	treet			EE	Γ			
☐ EPA		Initial	City, State,			11.7		5	2016		
DEP DOH		Amended Amendment	2	Akron, Ohio Name of C				Telephone	umbe	er	
☑ DOR		Emergency w/		Jim Halsey			į	. Pleditorie	unibe		~
		Cancellation	•							Mari	4
8			FA	ACILITY INF	ORMATIO	N					* 12 ()
Name of Facility Whe	ere Abateme	ent is Taking F	Place (3)		Type of Fa	cility (4)					
						School (K-	12)				
Street Address						Subchapte		than K-12)			
152 BROAD STREET				- 1		Other (l.e.,		commercia	ıl		
				-		bldgs., hor	THE RESERVE TO A PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		il aline	- A	
City (5) RED BANK	County (6) MONMOUT	ACCOUNTS	County Code ((7)	Square Fee	et	# Of Floors	·	3 ilding	Age	
NED BANK	IVICINIVICO				Current Use (Prior if being demolished)						
					Telephone	Pole					
Name of Monitoring	Firm Hired	by Bldg. Owne	er (8)	ASCM NO							
Environmental Health	Investigation	ns			NORTHSTA	AR CONTR	ACTING G	ROUP. INC			
Street Address					Street Add						
655 West Shore Trail						_					
City, State, Zip Code					32 Williams City, State,						
Sparta, NJ 07871 Project Mngr. For Mo	onitorina Fi	rm	Telephone Nu	mher	City, State,	Zip Code					
Dino Nappi		East Hanov	er, NJ 0703	36							
Sheduled Start Date	(10)	1)	Telephone	Number		License N	u nber				
02_//17	16_	973-88	N_8682			0	0860				
Occupancy Status During Abatement (Check Only 1)					A-11-0-30-1-12-0-0-0	SHA Monit	or			0000	
		ed During Ent				AR CONTR		ROUP. INC	· .		
Abatemen	200				Street Add	ress					
			lormal Facility		32 Milliams	Darkway					
	escribe:	WEB 8:00 ar	11 to 5,00 pm		32 Williams Parkway City, State, Zip Code						
						er, NJ 0703	36				
Scope of Work (Che	ck All That	Apply)									
☐ Demolitio	n	$\overline{\checkmark}$	Renovation	П	Full Conta	inment wit	n Negative	Pressure			
					☐ Full Containment with Negative Pressure ☐ Mini - Enclosure						
	· ≥260 If					Procedure	d Nam Esia	hla Duanna			
				~	Non-Exem	pted (*) and	a Non-Fria	Die Proced	it e		
Location o	f	ls	I	Descripti	on of			Abatemen	t Type		
Asbestos Conta	aining	Location	As	sbestos - C				R		E	E
TO BE ABAT	ED	Normally Used		Material (e., thermal			Amount (Specify	E M	I	N C	N C
TO BE ABAT in Facility		Solely		lation, surf			SF or LF)	0	1	A	L
(13)	8	by Main-		other misc		9		V	1	P	0
		tenance/						A		S	S
		Custodial Staff (12)	1					L	I	ľ	U R
		YES NO N/A	-							+	
Exterior Telephone Po	ole		Transite Condu	uit			30 LF	V			
			-					片		+ +	
Name of Registered Waste Hauler NJDEP Waste					Name of R	egistered l	andfill				
NEWARK CARTING			Hauler ID No.		I.E.S.I.						
City, State				Disposal	City. State						
NEWARK, NJ				Date	BETHLEH	EM, PA 181	05	()			
Completed by (Print	or Type)		Title	•		Signature		Sue		Date	
Steven Stiles	Project Manag	er		4	un,		()		02/08/16		

CK 6666

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&3 P(0). #. 10-46			(i diodd	110 110710	0.00	una 12.120)				<u>.</u>	<u>. []</u>	<u>y</u> 1	<u> </u>				
Date of Notification (1)	Na	ame of Buil	ding Owne	r/Operator (2)				11.	FEB		9 21	116	111				
0 2 / 0 3 / 1 6		ANTONI						413			J 21	310	1-				
Agencies Notified Type Notificati	on St	Street Address									77117	7 -1	_				
DEP Amended	Ci	City, State, Zip Code								200			14.5				
Amendment #:		9															
DOH (including		JERSEY CITY, NJ 07306 Name of Contact Telepho									ne Number						
justification)		ANTONIO PLATI															
Cancellation		ANTON		ITY INFORM	ATION			<u> </u>					_				
Al	Antina ala	(2)	FACIL	ITT INFORM	ATION		ITV	pe of Facility	(4)		_						
Name of facility where abatement is	s taking pia	ce (3)					'		ol (K - 12)								
ANTONIO PLATI							ļ		napter 8 (Of			12)					
Street Address									(Private/Co /Homes, et		rcial						
							s	quare Feet	# of Floors	3	Bio	ig. Ag	Э				
City (5)	Coun	ty (6)			9,93	nty Code (7)	_				11-1-	-0					
JERSEY CITY	нил	OSON			(Sta	te use only)		Current Use (('rior if being demolished)								
Name of Monitoring Firm Hired by		E CONTRACTOR OF THE STATE OF TH		ASCM No.	\vdash	Name of Abateme	nt Con	tractor (9)									
						D & S RESTO	RATI	ON, INC.									
Street Address						Street Address											
					_	20 California City, State, Zip Coo											
City, State, Zip Code						Paterson, NJ											
Project Manager for Monitoring Firm Phone Number						Telephone Numbe			License	Numb	er						
Project Manager for Monitoring Pilm						973-345-802			0	169							
Start Date (10)	Sched	Completic	n Date (11)	_	Name of OSHA M		- ××××									
02/04/16	02/25	/16				D & S Restor	ation,	Inc.									
Occupancy Status During Abatemer						20 California	Avenu	ie									
Facility closed/vacated during	entire perio	od of abate				City, State, Zip Co											
Abatement performed outside Describe:		acility hour	'S-		_												
Other-Describe: NORMAL H					_	Paterson, NJ											
Scope of Work (check all that apply							_	Containmen i-enclosure	w/negative	press	ure						
	Renovatio						Glov	vebag proce									
≥160 sf or ≥260 lf	Demolition					[Nor	-Exempted) and Non-	riable	proc						
Location of asbestos-containing		normally inance/cus	used solely todial					Amount		e	e	E n	E n				
material (acm) to be	staff(12)	Transport		material		asbestos-containing		(Specify		m o	p a	c a	C				
abated in facility (13)	Yes	No	N/A					LF)		v e	i	р	L				
BASEMENT		X		pipe insula	tion			50 L FT		X							
BASEMENT BOILER		$\square X$		BOILER II	NSUL	ATION (2X)		100 SQ F	-	X							
										닏	부	님	부				
										片	片	ዙ	무				
Registered Waste Hauler	INIDE	P Hauler	D# 1.0	ubic Yards of	Waste	Name of Registe	red Lar	ndfill	!				Ш				
D & S RESTORATION, INC.	135			yds.		TULLYTOW			ECOVER	Y	1						
City, State			Disposal D			City, State											
PATERSON, NJ 07503			02/05/1	6 Signature		TULLYTOW	N, PA	A	Date								
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					02/03	/2016	5						
	* Do not	a this form	for achast	o liconeura ex	ad activities	02/03/2010											



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Nam	e of Building	Owne	r/Operator (2	2)	17.	1	7	19	201	1.3	P	
02/	08 /	16		Ve	rizon						2. 2.	-1	<u> </u>	- 11-	, 10	1
Agencies Notified	Type Notificatio	n		Stree	t Address			_	4 %	,						
⊠ EPA	Initial Initial			000000000000000000000000000000000000000	0 Orange	Aveni	ıe			F	∃B	9 2	016			11
□ DOLWD	☐ Amended			_	State, Zip C		Section			-	0 2	.010	-			
□ DHSS	Amendment			Cranford, NJ 07016						Arv.			energy (1
☐ DCA (NJAC 5:23-8)	☐ Emergency justification)		l	Nam	e of Contact		41		Teleph	ne Num	ber	H.		1100	-	
,	☐ Cancellation	1		Br	ian Kingsl		\$185 E		9		4					
				F.A	CILITY IN	FORM	MATION									
Name of Facility Where A	Abatement is Tak	ing Place	(3)					Ту	pe of Facility (4)						
Verizon									School (K-12)	(01)		٥١				
Street Address								1님	Subchapter 8 Other (i.e., priv	vate an	comme	2) ercial	build	linas		
100 Orange Avenue					homes, etc.)		00111111		-	90						
City (5)								So	quare Feet	# of F	oors		Bldg	. Age	•	
Cranford									10,000	3			50)		
County (6)				Co	unty Code (7)(STATI	E USE ONLY)	Cu	urrent Use (Prio	r if beir	j demol	lished	1)			
Union																
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCI	Л No.	Nam	e of Abatem	ent	Contractor (9)				(=)			
ESIS Health, Safety	y and Environ	mental				J۷	'N Restora	tion	n Inc							
Street Address						Stree	et Address									
10 Exchange Place	, 13 th Floor					47	Foster Ro	oad								
City, State, Zip Code						City,	State, Zip C	ode	1							
Jersey City, NJ 073	302					St	aten Island	Y 10309								
Project Manager for Mor	nitoring Firm		Tel	ephon	e No.	Tele	phone No.			Licer	se No.					
Brian Kingsbury			2	201-35	65166	71	8-605-625	6		00	'74					
Start Date (10) Scheduled Comp					Date (11)	Nam	e of OSHA	Mon	itor							
02 /19 /	28_ /	_16_	Te	estor Tech												
Occupancy Status Durin	g Abatement (Ch	neck only	one)			Stre	et Address	-03-0-0								
☐ Facility Closed/Vacat	ted During Entire	Period o	Abat					on i	Avenue							
Abatement Performe								Code	9							
Time of Abatement:	AM	_PM/ <u>4:0</u>	<u>0</u> PM-	12:30AM LIC NY 11101												
Scope of Work (Check a	all that apply)					1		9: 6:	NEC 200 200							
≥3 sf or ≥3 lf		M B	enova	☐ Full Containment with Negative I						ative P	ssure					
□ ≥160 sf or ≥260 lf			emoli				☐ Gloveba	ag Procedure								
				☐ Non-Ex-					oted (*) and No	Procedure						
			ls Loc Norm										Abatement Typ			/pe
Location Asbestos-Containing		Us		olely by	/ Asb	estos (Description Containing M		rial (ACM)	Α	nount		Re	Repair	En	En
TO BE AB	ATED	IV		nance/ al Staff	(i.	e., the	rmal systems	s ins	sulation,		pecify		Removal	pair	caps	Enclosure
IN Faci		100	(12		f		urfacing, VA ner miscellan			SF	or LF)		al		Encapsulate	ure
(13)		Yes	1	1	/A	Ott	iei iiliscellali	ieou	15)						te	
Basemennt Storage	Room				Pipe F	itting	s			1	5 LF		\boxtimes			
]											
			T		1								П	П	П	П
					1						-				П	П
Name of Registered Waste Hauler				N.IDE	NJDEP Waste Cubic Yards o				Name of Regis	stered I	ındfill					
Name of Registered Waste Hauler Newark Carting				Haule	er ID No.	Was	ste		G.R.O.W.S							
City, State				NJ-566 10 Disposal Date											13007	
Hackettstown, NJ						1	2/03/15		Morrisville	,PA						
Completed By (Print or		Title					Signature	//	1 11			Date)			
Ralph Barnhardt			ct M	anage	er		/	11	Men	1/		02	- (SC	-20	16
							M	"	m							

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.

NOCK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/31/16		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP, LLC							9	1			
Agencies Notified Type Notification		Street Add 645 MA		VE.5TH F	LO	OR		=2					
EPA Initial Amended Amendment #			, Zip Code ORK,NY,										
DOH justification) Cancellation	ding	Name of O	Contact CADIMA	Α			Tele	lei hone Number					
DCA Cancellation		FACILI	TY INFOR	MATION							146.4		
Name of Facility Where Abatement is Taking Plac LEXINGTON MANOR APARTMENTS	ce (3)	1 AOIL	TI IIII OIL		Ту	pe of Facility (4							
Street Address 501 BERGEN AVE	100				Other (i.e. pr	Othe	he than K-12) & commercial buildings, homes,						
City (5) JERSEY CITY					etc.) uare Feet 3000	loors Bldg. At 1960's							
County (6) UNION		County Co	ode (7) SE ONLY)		Cu A	rrent Use (Prio PARTMENT	r if beir BUIL	demolis SINGS	hed)				
Name of Monitoring Firm Hired by Building Owner HILLMANN CONSULTING,LLC	me of Monitoring Firm Hired by Building Owner (8)						tractor	iv.of IN	IDIAN .	ARR	ow		
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST											
City, State, Zip Code UNION,NJ,07083		City,	City, State, Zip Code PATERSON,NJ,07501										
Project Manager for Monitoring Firm THOMAS RUBINO		Telephon 908-95	e No. 6-1233		phone	e No. 3-9652		License No. 1257					
Occupancy Status During Abatement (Check Or	nly One)			Stre	et Ad	dress							
Facility Closed/Vacated During Entire Period		ment		14	4 MI	LL ST				The second secon	1.00		
Abatement Performed Outside of Normal F Other – Describe: ABATEMENT TAKES PL	acility Hou	Urs THE ROOF City, State, Zip Code PATERSON,NJ,0750											
Scope of Work (Check All That Apply)					_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov					Mini-Enclosure	e cedure	vitr Negative Pressure					
					<u> </u>	Non-Exempte	d (*) an	Non-Fria	Non-Friable Procedure Abatement				
	Is Loc										ре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	olely by nance/ il Staff?	(i.e. t	os Containing hermal syste surfacing,	Description of Containing Material (ACM) rmal systems insulation, urfacing, VAT, or ner miscellaneous)			nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes No	o N/A			5810152						Ф		
ROOF	Υ			ROOF	ING		24	00 SF	У				
									-		-		
							Daniel	and I and	E11				
Name of Registered Waste Hauler INDIAN ARROW/ATLANTIC CARTING	NJDEP V Hauler ID 36031/2	No.	Cubic Yard of Waste TBD	S	G.R.C		red Land	11111					
City, State PATERSON,NJ/WAYNE,NJ		Disposal D TBD	ate	City, Sta MORE	ite RISVII	LE,PA							
Completed by GORAN IGEV	Title SECRE		Signa	ture	41	4	Date 01/31/16						



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/31/16	ı	Name of Building Owner/Operator (2) PHOENIX REALTY GROUP,LLC								F	N .						
Agencies Notified Type Notification		Street 645	Addres MAD	ss ISON A	VE.57	ΓH FL	.00	R									
EPA Initial Amended Amendment #		City, S	State, Z	ip Code RK,NY,	2,521,652												
DOH justification)		Name of Contact DIOGO CADIMA									Tele thone Number						
DCA Cancellation		FA	CILITY	INFORM	MATIO	N				_					=		
Name of Facility Where Abatement is Taking Place (S LEXINGTON MANOR APARTMENTS	3)						Туре		acility (4								
Street Address		-	- M				H	Subr	ol (K-12 hapter 8	(Othe	ne 'than K-12)						
503 BERGEN AVE				-			V	etc.)			& commercial buildings, homes,						
City (5) JERSEY CITY							18	are F		3	Floors	19	g. Ag 60'S				
County (6) UNION		Coun (STAT	nty Code	e (7) ONLY) _		_	Cur	rent U PART	se (Prio MENT	BUII	g demolish DINGS	ea)					
Name of Monitoring Firm Hired by Building Owner (8 HILLMANN CONSULTING, LLC)	AS	SCM No).		Name ASB	of Al	oatem FOS	ent Cont ROBO	tractor	9) div.of INI	DIAN	ARR	OW			
Street Address 1600 ROUTE 22 EAST			1.			Street 144		ress L ST									
City, State, Zip Code UNION,NJ,07083		City, State, Zip Code PATERSON,NJ,07501							501					7			
Project Manager for Monitoring Firm THOMAS RUBINO		908-956-1233 97					Telephone No. 973-653-9652				License No. 1257						
Start Date (10) Schedu 02/10/16 N/A	uled Co							SHA I	Monitor V								
Occupancy Status During Abatement (Check Only C		Street Address 144 MILL S						-									
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe: ABATEMENT TAKES PLAC	f Abate ity Hour E ON T	tement burs THE ROOF City, State, Zip Co PATERSON,N					ode ,NJ,07	501									
Scope of Work (Check All That Apply)	W-1						_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition				Mini-Enclosure Glovebag Procedure				it Negative Pressure							
							Non-Exempted (*) a				d Non-Friable Procedure Abatement						
	Is Loca Norma	200			Do	Description of					Tyr		_				
Asbestos-Containing Material (ACM)	sed So Mainten ustodia (12	lely by ance/ I Staff	<i>i</i>	(i.e. th	bestos Containing (i.e. thermal system surfacing, V			cription of sining Material (ACM) systems insulation, ing, VAT, or iscellaneous)			Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
Yes	s No	0 1	N/A											Ö			
ROOF Y					R	OOFI	NG			2	100 SF	Y			-		
						-						-					
		-	+														
Name of Registered Waste Hauler		Haul	EP Wa	lo.	of Wa						ered Landf	fill	-				
INDIAN ARROW/ATLANTIC CARTING		36031/26085 TBD				D 0.11.0.17.0											
City, State PATERSON,NJ/WAYNE,NJ		Disposal D TBD)	MORRISV			RISV							
	completed by					Signati	ure	4	4	<u>/_</u>			Date 01/31/16				

COURTESY

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/31/16	Name of Building PHOENIX RE	Name of Building Owner/Operator (2) PHOENIX REALTY GROUP,LLC								
Agencies Notified Type Notification	Street Address	N AVE.5TH FLO	OR ·	2 2						
EPA Initial Amended Amendment #	City, State, Zip C NEW YORK,	ode		10.24.2						
DOH Emergency (including justification) Cancellation	Name of Contact DIOGO CAD			Tele	le hone Number					
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS	FACILITY INF		Type of Facility (4)					77		
Street Address 507 BERGEN AVE			Subchapter 8	(Othe	ne than K-12) & commercial buildings, homes,					
City (5) JERSEY CITY			Square Feet 18000	# of 3	loors	Bl 1:	dg. Ag 960'	je S		
County (6) UNION	County Code (7) (STATE USE ONL	y)	Current Use (Prior APARTMENT	if beir BUIL	J demolish DINGS	hed)				
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING,LLC	ASCM No.	ASBE	Abatement Cont STOS ROBO			DIAN	ARF	OW		
Street Address 1600 ROUTE 22 EAST		1 10 100 100	IILL ST							
City, State, Zip Code UNION,NJ,07083		City, Sta	01	_						
Project Manager for Monitoring Firm TEROMAS RUBINO	Telephone No. 908-956-123	3 Telepho 3 973-6	ne No. 53-9652		License N 1257	ło.				
Start Date (10) Schedule 02/10/16 N/A	d Completion Date (11		OSHA Monitor AN IGEV							
Occupancy Status During Abatement (Check Only On	9)	Street A	ddress IILL ST							
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other - Describe: ABATEMENT TAKES PLACE		ment								
Scope of Work (Check All That Apply)					×					
[Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	enovation emolition		Mini-Enclosure Glovebag Proc	edure	h Negative Pressure					
i i	t management	Labor of store of the definition of store	Profes Burkey (profes	1/		area or annual relation	Abate	ment		
Location of Line	ormally I Solely by	Description of				Ty	pe			
TO BE ABATED In Facility (13) Mai Cust	ntenance/ odial Staff? (i.	estos Containing Ma e. thermal systems surfacing, VAT other miscellane	insulation, , or	(8	pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
ROOF Y	No NA	ROOFING	<u> </u>	24	10 SF	Y				
1.001						+-			-	
The second secon						-				
						+				
Name of Negrotoled vidate House	NOULT WASIE	Cubic Yalus	Name of t	- - - - - - - - - - - - - - - - - - -	ed Landf	ill —				
INDIAN ARROW/ATLANTIC CARTING	Hauler ID No. 36031/26085	of Waste TBD	G.R.O.W.S.							
City, State PATERSON,NJ/WAYNE,NJ		Disposal Date TBD	City, State	SVIL	.E,PA					
Completed by GORAN IGEV SEC	RETARY	Signature	7/1/		Date 01/31/16					